



## Public Data Request Form Government Data Practices Act

### Requester

**Notice:** You may cancel this request at any time prior to the release of information.

**Note:** The subject of the data request must authorize the release of private information to the subject's agent or another agency. An "Informed Consent to Release" must be completed by the subject of the data.

You may be required to pay the actual costs of making and/or compiling data, if our request exceeds 100 pages. Smaller requests cost 25¢ per page. The City reserves the right to request a deposit.

Name	Last	First	M.I. (optional)	Date
Address	Street	City	State	Zip
				<i>(Only if data is to be sent by mail.)</i>
Information requested				Phone
Request to inspect data <input type="checkbox"/>		Request copies of data <input type="checkbox"/>		Email

### Department use only — Please do not fill below this line.

Data classification *If data classification is unknown, consult Legal Department.*

Public     
  Non-public     
  Confidential     
  Private

Request     
  Approved     
  Approved in part     
  Denied     
 Authorized signature

Comments *Enter any appropriate remarks or comments. If data access is denied, cite authority or reason.*

### Fees

*Provide a receipt each time money is received.*    **Cash Receipt #** \_\_\_\_\_    **Receipt Date** \_\_\_\_\_    **Code** \_\_\_\_\_

Rate per page _____ 25¢ <input checked="" type="checkbox"/>	Number of pages _____	=	\$ _____	
	Other fees	+	\$ _____	
	<b>Subtotal</b>	=	\$ _____	
	Sales tax (7.875%)	+	\$ _____	
	<b>TOTAL DUE</b>	=	\$ _____	
	Amount Prepaid -	\$	_____	Date Received _____
	<b>Balance due</b>	=	\$ _____	Date received _____

The City of Baxter does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its services, programs or activities. Upon request, a reasonable accommodation will be provided to allow individuals with disabilities to participate in all City of Baxter services, programs, and activities.